

12-22-03

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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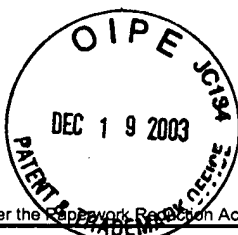
<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/613,590 and 90/006,704
	<b>Filing Date</b>	30 June 2003
	<b>First Named Inventor</b>	Alex. G. SZYNALSKI
	<b>Group Art Unit</b>	3626 and 3712
	<b>Examiner Name</b>	Derris H. BANKS, Esq.
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> A. Goen Seminars

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks: THIS IS A LITIGATION RELATED APPLICATION. PLEASE PROCESS IMMEDIATELY. This filing contains two copies of the Housekeeping Amendment; one for file 10/613,590 and one for file 90/006,704. Thank you.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	See below date

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class <del>first class</del> EXPRESS mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <span style="border: 1px solid black; padding: 2px;">see below date</span>	
Typed or printed name	Mark POHL, Reg. No. 35,325
Signature	Date 18 Dec. 2003

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PTO/SB/56 (05-03)  
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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) <b>A Goen Seminars</b>	
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Entity	Other than a Small	
				Rate	Fee		Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	*** =	x \$	0.00	or	x \$	
(C)	Independent claims (37 CFR 1.16(i))	(D)	* =	x \$	0.00		x \$	
Basic Fee (37 CFR 1.16(h))					\$ 0.00			\$
Total Filing Fee					\$ 0.00	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 53	MINUS	** 45	8 =	9 \$	72.00	x \$	
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	**** 2	=	42 \$	84.00	x \$	
Total Additional Fee					\$ 156.00	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>18 Dec 03 Date</p> <p> Signature of Applicant, Attorney or Agent of Record J. Mark POHL Typed or printed name</p>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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# REISSUE - LITIGATION

## IN THE UNITED STATES PATENT OFFICE

Inventor: Alex. Goen SZYNALSKI  
Serial No.: 10/613,590  
Filing Date: 30 Jun 03  
Title: *Stop Smoking Methods and*  
Group Art: 3626  
Examiner: unassigned

Inventor: Alex. Goen SZYNALSKI  
Control No.: 90/006,704  
Filing Date: 30 Jun 03  
Title: *Stop Smoking Methods and*  
Group Art: 3712  
Examiner: Derris H. BANKS, Esq.

Hon. Commissioner for Patents  
P.O. Box 1450  
Mail Stop - REISSUE / LITIGATION  
Alexandria, VA 22313-1450  
BY EXPRESS MAIL

### RULE 565(D) HOUSEKEEPING AMENDMENT

Many thanks for reviewing and finalizing the merger issue. This HOUSEKEEPING AMENDMENT is filed pursuant to the 10 Dec. 2003 DECISION *SUA SPONTE* MERGING REEXAMINATION AND REISSUE PROCEEDINGS. That DECISION requires applicant to file a housekeeping amendment reciting identical amendments in each of the two proceedings. As broadening amendment is not permitted in reexamination, this amendment accordingly recites the reexamination-only claims (issued claims 1-8) separately from the reissue claims (issued claims 1-8 together with new claims 9 *et seq.*)

This Amendment is formatted pursuant to 37 C.F.R. 1.173.  
Amendments to the Specification are reflected on a separate page of this paper. Inserted Specification text is underlined and deleted Specification text is stricken-through.  
Amendments to the Claims are reflected on a separate page of this paper. Inserted claim text is underlined.

Remarks / Arguments are reflected on a separate page of this paper.

12/31/2003 AWONDAF1 00000128 10613590

01 FC:2201  
02 FC:2202

86.00 OP  
63.00 OP